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ing. Segregation is probably the only safe and humane method and is not impossible to achieve, once the necessity is understood. The expense would be small compared with the resulting ultimate saving not only of money but of happiness to the whole world.

Let us then keep abreast of this situation and be prepared to use our influence whenever and wherever it will further this cause.

NURSING OF EYE PATIENTS

By SARAH R. CLARK, R.N.

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In the following article I have, by request, endeavored to present as concisely as possible, and for the use of the nurse, our method of taking care of eye patients, both before and after cataract extraction, as used in the eye-wards at the University Hospital.

If the operation is performed outside the hospital in a private house, as it sometimes is, the nurse will between the visits of the physician, be obliged to take the entire responsibility of the case, and should therefore realize how important it is to know thoroughly the proper care of the patient after cataract extraction.

If the patient is under care prior to the operation, a cathartic is given the night before. For local preparation the brows and margin around the eyes and lashes are thoroughly washed with warm sterile water and castile soap, followed by bichloride solution, 1–5000 after which the eyes are irrigated with warm boric acid solution, 3 per cent. Spray nasal passages with 1–10000 solution of potassium permanganate. If there is any discharge from the tear duct or conjunctiva the operation will probably be postponed, because the wound would be almost certain to become infected. Irrigations of boric acid solution or bichloride solution and instillations of argyrol, 25 per cent, are used at frequent intervals. Bacteriologic examinations of the discharge are made from time to time until the micro-organisms have been made to disappear.

On the day of the operation, wash brows and lashes and use spray, etc., several times, the last preparation being one hour before the operation. The eyes are then covered with gauze pads soaked with boric acid solution, cotton pads are put over these, and a roller bandage applied. *Do not use adhesive.* Both eyes are always prepared, and the dressings put on only at the final preparation.

If the patient is a woman, have the hair in one braid at the crown of the head so as to be well out of the way of the dressing.

The patient must be made as comfortable as possible on the table, and should be warned beforehand not to speak during the operation. Cocaine anesthesia is generally used, and the nurse may be called upon to anesthetize the eye. For this, a sterile 4 per cent solution must be at hand. Three instillations are applied at intervals of five minutes and the eye must be closed and carefully covered with the antiseptic pad after each instillation.

After the operation, the patient is helped gently into bed and if possible should not turn for ten or twelve hours, and must not be allowed to talk any more than is necessary, as talking prevents the closing of the wound.

As many pillows may be used as the patient desires. The room must be kept darkened, and the window shades prevented from flapping. After a few hours, when the effect of the cocaine has passed away, there may be some burning and smarting of the eye, but if severe pain should occur, notify the physician at once. If there is vomiting, and the dressing becomes stained with blood, intra-ocular hemorrhage may be apprehended and means loss of the eye. If these symptoms occur, the patient should be placed in an upright position and a hypodermic of morphia given to relieve the pain. Generally the patient complains of backache, and relief may be had by rubbing with alcohol or liniment or, if pain still persists, by turning the patient gently to the side *opposite* the operation and placing a soft pillow along the back. If there is abdominal pain, the physician must be consulted.

On the evening of the day of the operation there may be given as a sedative trional, gr. x and codeine gr. $\frac{1}{4}$ and repeated at midnight if necessary.

Not infrequently patients have difficulty in voiding urine, and should be catheterized if necessary.

Never fail to ask if the bandage is comfortable. At night a Ring's ocular mask (which can be purchased at any optician's) is applied over the other dressing for extra protection.

Soft diet, or food which requires very little chewing, is given for two or three days following operation. Liquids are given through a drinking tube.

The bowels need not be emptied artificially for two days. If there is a movement before this the patient must be cautioned not to strain. If the patient cannot use the bed-pan, the commode may be placed beside the bed and the patient assisted gently to it. After a free movement of the bowels, the patient may have ordinary diet.

As long as both eyes are bandaged, patients must be fed, and on no account be allowed to wash their own hands and face. Tub baths may be allowed after ten days or two weeks.

The physician will probably dress the eye in twenty-four hours, and a complete, sterile tray must be in readiness. The tray may consist of glass jars for irrigating cotton, boric pads, cotton pads, bandages, irrigating jar and pipette, jar of bichloride, vaseline and glass applicator, tube of isinglass plaster (ready cut), pin tray, small solution basin, kidney-shaped basin (agate), candle-stick, matches, and magnifying lens. Atropine will be used if the anterior chamber has been restored, and a bottle of sterile atropine, 1 per cent, must be at hand.

Each day after this, the dressing is renewed, and at the end of three days, if nothing has interfered with the course of the healing, the dressing is generally removed from the unoperated eye. At the end of a week or, perhaps, a little earlier, the patient needs only dark glasses. However, at bedtime, a dressing must be applied.

If at any time the nurse is called upon to assist the physician in exposing the eye-ball for inspection, she will separate the lids by placing her thumbs at the edges and draw gently backward without making pressure on the eye-ball or injuring the cornea.

Eye-patients are sometimes very depressed and low spirited, so the nurse who does this particular kind of work must be most companionable. Intelligent reading aloud, in a well modulated voice, will rarely fail to entertain the patient, and in this way the long tedious hours of convalescence may be brightened to some extent.

ELECTRO-THERAPEUTICS

(Third Paper)

By MARTIN W. CURRAN, M.D.

Chatsworth, N. J.

Electrolysis. It is absolutely essential that our readers should become conversant with this part of the subject, as with a knowledge of the principles governing electrolysis, there is very little difficulty in mastering the whole field of electro-therapy.

It is easy to change force or energy from one form to another, and this interchange of energy constitutes the physical life of the world. The chemical energy within the cell which we described in our first paper begets electrical energy, and with this electrical energy we can, in turn, break up chemical compounds.

Heat, when applied to water, decomposes it into its component gases, hydrogen and oxygen. Chemically a substance having a strong affinity for one of the gases will unite with it, setting the other free, as when